

August 2, 2017 **REVISED**

Birth to Three Fee for Service Details:

Service: **Evaluation**

Service Description: Comprehensive multi-disciplinary evaluations conducted to determine each child's developmental status, including related physical and mental conditions.

Procedure Code: T1023

Rate: \$180 per practitioner up to 2 practitioners allowed (Therefore, \$360.00 if two practitioners are present during evaluations)

Limit: Annual Limit 2 Evaluations **Limit can be overwritten if deemed medically necessary/appropriate by OEC, must seek prior approval before providing service

Service: **Assessment**

Service Description: Assessments are conducted to determine the frequency, intensity, duration, and type of service needed. Assessments focus on areas and conditions identified in the evaluation and are used to determine specific services that are medically necessary to address, for example, identified hearing and vision impairments and autism spectrum disorder.

Procedure Code: T1028

Rate: \$30.00 per 15 minutes, up to 8 units allowed (\$120 per hour)

Limit: Annual Limit 8 units **Limit can be overwritten if deemed medically necessary/appropriate by OEC, must seek prior approval before providing service

Service: **IFSP Meeting**

Service Description: IFSP Meeting includes one or more practitioners codifying the evaluation and treatment recommendations in the IFSP to determine the individualized goals, objectives, and strategies for treatment, including specific types, frequency, intensity and duration of recommended treatment services.

Procedure Code: T2024

Rate: \$30.00 per 15 minutes, up to 40 units allowed per day

Limit: Annual Limit 40 units **Limit can be overwritten if deemed medically necessary/appropriate by OEC, must seek prior approval before providing service

Service: **Treatment – Professional ***

Service Description: Early intervention treatment services are provided in accordance with the IFSP *and applicable Birth to Three policies and procedures* and includes assisting the caregivers with enhancing the functional development of the child with emphasis on specific developmental areas appropriately tailored to each child's needs, including but not limited to cognitive processes, communication, motor, behavior and social interaction. Performed by a practitioner considered a professional.

Procedure Code: H2014

Rate: \$30.00 per 15 minutes, up to 6 units of service (\$120.00 per hour), this code is to be used when the service provided is less than 1.5 hrs in duration.

Example 1: A Speech Therapist visits the Smiths on 9/1/2017 and provides treatment services from 9am-10:15am, totaling 1.25 hours. The billing provider would be eligible to be reimbursed for 5 units (H2014) = \$150.00

Example 2:	<p>a) A Speech Therapist from Company ABC visits the Smiths on 9/1/2017 and provides treatment services from 9am-10:15am, totaling 1.25 hours. The billing provider would be eligible to be reimbursed for 5 units (H2014) = \$150.00</p> <p>b) A Physical Therapist from Company ABC visits the Smiths also on 9/1/2017 and provides treatment services from 1pm – 2pm, totaling 1.0 hours. The billing provider would be eligible to be reimbursed 4 units (H2014) = \$120.00</p>
Example 3:	<p>a) A Speech Therapist from Company ABC visits the Smiths on 9/1/2017 and provides treatment services from 9am-10:15am, totaling 1.25 hours. The billing provider would be eligible to be reimbursed for 5 units (H2014) = \$150.00</p> <p>b) The BCBA on the team arrives at 9:45am and provides treatment services from 9:45am – 10:45am, totaling 1 hour. The billing provider would be eligible to be reimbursed for 4 units (H2014) = \$120.00</p>
Service:	Treatment – Professional High Utilization *
Service Description:	Early intervention treatment services are provided in accordance with the IFSP <i>and applicable Birth to Three policies and procedures</i> and includes assisting the caregivers with enhancing the functional development of the child with emphasis on specific developmental areas appropriately tailored to each child’s needs, including but not limited to cognitive processes, communication, motor, behavior and social interaction. Performed by a practitioner considered a professional. High utilization is hours in excess of six 15 minute units.
Procedure Code:	H2014 with Modifier TF
Rate:	\$24.00 per 15 minute units (\$96.00 per hour), this code is to be billed when the service provided is greater than 1.5 hrs in duration.
Example:	An Occupational Therapist visits the Smiths on 9/3/2017 and provides treatment services from 11am – 1 pm, totaling 2.0 hours. The billing provider would be eligible to be reimbursed for 8 units (H2014 with modifier TF) = \$192.00

Service: **Treatment – Para-Professional ***

Service Description: Early intervention treatment services are provided in accordance with the IFSP *and applicable Birth to Three policies and procedures* and includes assisting the caregivers with enhancing the functional development of the child with emphasis on specific developmental areas appropriately tailored to each child's needs, including but not limited to cognitive processes, communication, motor, behavior and social interaction. Performed by a practitioner considered a para-professional.

Procedure Code: T1027

Rate: \$21.00 per 15 minutes, up to 6 units of service (\$84.00 per hour), this code is to be used when the service provided is less than 1.5 hrs in duration

Service: **Treatment – Para-Professional High Utilization ***

Service Description: Early intervention treatment services are provided in accordance with the IFSP *and applicable Birth to Three policies and procedures* and includes assisting the caregivers with enhancing the functional development of the child with emphasis on specific developmental areas appropriately tailored to each child's needs, including but not limited to cognitive processes, communication, motor, behavior and social interaction. Performed by a practitioner considered a para-professional. High utilization is in excess of six 15 minute units.

Procedure Code: T1027 with Modifier TF

Rate: \$12 per 15 minute units (\$48.00 per hour), this code is to be billed when the service provided is greater than 1.5 hrs in duration.

*Treatment rates are based on the total units per day per *practitioner* (not per discipline)

- 1) If a child needs intensive services and gets
 - a. 1.5 hours by para A in the morning and 1.5 hours by para B in afternoon – both are paid at the higher rate
 - b. 1.5 hours by para A in the morning and 1.5 hours by para A in afternoon – the units in the afternoon (being over 1.5 for the day) are billed at the lower rate